## STATE OF NEW HAMPSHIRE

Honorarium or Expense Reimbursement Report (RSA 15-B)



Type or Print all Information Clearly:

Name:lorini	J	BADNET VA	Work Phone No	11-6721
First	Middle	Lasi		
Work Address:	STATE HOU.	SE Room	120	
Office/Appointment/Er	mployment held:	STATE O	SENATE	
or expense reimbursemer	it. When the source is a	corporation or other entity	, the name and work addres	ne of any reportable honoraria is of the person representing to the to the name of the corporation
Source of Honorarium	or Expense Reimbui	rsement:		
Name of source:				MAR 19 2009
Name of source:	First	Middle	Las	NEW HAMPSHIRE
Post Office Address: _				DEPARTMENT OF STA
Principal Place of Busi	ness:	90001, N.H.		
f source is a Corporat		,		
•	·	1415		
-	•			
-		A 15-B:6, II with value or		
Value of Honorarium: 12 the gift or honorarium at	Date Received Date Received as	i: <u>3/13/09</u> If exa an estimate. Exact	ict value is unknown, provid  — Estimate	de an estimate of the value of
Value of Expense Reimble attached to this filing.	ursement: D Exact	ate Received:	_A copy of the agenda or a	n equivalent document mus
Briefly describe the servi	ce or event this Honorar	ium or Expense Reimburs	ement relates to:	
BOB OF	LINES ST.	PATRICKS B	KF51.	
I have read RSA 15-B at nd belief."	nd hereby swear or affirm	m that the foregoing infor	mation is true and complete	to the best of my knowledge
ignature of Filer	Barrey A.		3/19/09	
olgnature of Filer	<i>y</i> .		Date Fried	
H L I				

9/07

RSA 15-B:9 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false report shall be guilty of a misdemeanor.

Return to: Secretary of State's Office, State House Room 204, Concord, NH 03301